

# Grant County Summer Splash Registration & Release Form

## Camper Information Form

Please fill out the entire form

### Camper's Personal Information

Camper's  
Full Name

*Last*

*First*

*M.I.*

Address

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Caregiver \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### Medical Information

Medical  
Conditions

Current  
Medication

Allergies

**Additional medical release information needed on release form.**

### Additional Emergency Contact Information

Full Name

*Last*

*First*

*M.I.*

Address

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Primary  
Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Relationship  
to Camper \_\_\_\_\_

### Transportation Information

**Please list the people you will allow to pick up your camper from the park and/or from a bus drop off.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Will you need bus transportation? ☐ YES ☐ NO

**If you are in the Grant County School District which pick-up/drop-off location will you use?**

☐ DRE/GCMS Front Parking Lot ☐ MCE

**If you are in the Williamstown School District you will receive more information from the FRYSC office.**

### Form Return Information

**Return this form to Grant County Parks and Recreation 101 North Main Street 4A Williamstown, KY 41097  
Please include payment or call 859-428-4500 for payment arrangement.**

Paid Cash: ☐ Check: ☐ Scholarship: ☐ Scholarship Amount: \$ \_\_\_\_\_  
Check Number: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_